



ALABAMA
DEPARTMENT OF FORENSIC SCIENCES

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Date

REQUEST FOR CERTIFIED COPY Requests should be made in writing on this form or by letter. Mail request(s) to **Alabama Department of Forensic Sciences, P. O. Box 3510, Auburn, Alabama, 36831-3510.**

Title 36, Chapter 18, of the Code of Alabama 1975, provides that reports of the Alabama Department of Forensic Sciences are available on request upon the payment of the prescribed fee, currently \$10.00. This fee covers the cost of the final case report which normally consists of one to ten pages. **This fee is non-refundable.**

Requests for copies of an entire case file, photographs, videos, etc. require a subpoena from a court of competent jurisdiction and additional fees are charged.

All requests should include the following information: (** indicates required information.)

** NAME: _____ DATE OF BIRTH: _____

** DATE OF INCIDENT: _____ ** COUNTY OF INCIDENT: _____

** CIRCUMSTANCES OF INCIDENT (car accident, DUI charges, death, controlled substances, etc.)

DEPARTMENT OF FORENSIC SCIENCES CASE NUMBER (if known): _____

** NAME AND MAILING ADDRESS OF INDIVIDUAL OR COMPANY REQUESTING THE
CERTIFIED COPY:

** Enclose a separate check or money order for each case.

** Make check or money order payable to **ALABAMA DEPARTMENT OF FORENSIC SCIENCES.**
Include a SELF-ADDRESSED, STAMPED ENVELOPE (\$.60)